

Auburn Board of Public Works - Backflow Device Test Report



Name: _____

Business/Owner: _____

Address: _____

City/State & Zip: _____

Account# _____

- Test Completed
- Test Failed
- Re-Test after Repair

- Annual Test
- New Installation
- Replacement _____
- Relocate
- Old Serial # _____

Manufacturer: _____ Model: _____ Serial #: _____ Device #: _____ Size: _____	Location: _____ Contact Person: _____ Repair Information: _____
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Reduce Pressure - Double Check Valve

Line Pressure @ Inlet Test Cock _____ PSI

Check Valve #2 _____ PSID Held Yes No

Shut Off #2 _____ Held Yes No

Check Valve #1 _____ Held Yes No

Relief Valve (RP only) opened at _____ PSID

Pressure Vacuum Breaker

Shut Off #1 Held Yes No

Shut Off #2 Held Yes No

Check Valve Held at _____ PSID

Air Vent Opened at _____ PSID

- Prevents Backflow from:**
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Carbonator | <input type="checkbox"/> Water Cooled Compressor | <input type="checkbox"/> Photo Developer or X-Ray | <input type="checkbox"/> Humidifier |
| <input type="checkbox"/> Lawn Sprinkle | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Boiler Makeup | <input type="checkbox"/> Cooling Tower |
| <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Mortuary | <input type="checkbox"/> Laboratory or Hospital | <input type="checkbox"/> Vacuum Pump |
| <input type="checkbox"/> Fountain | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Service Containment |
- Other (describe): _____

I hereby certify the above backflow preventer has been tested in accordance with the rules and regulations of the State of Nebraska Health and Human Services Department of Regulation and Licensure, Title 179, the Auburn Board of Public Works (BPW), and that all readings are true and to the best of my knowledge.

State Certified Technician (please print)	Certification #	Date of Test
State Certified Technician (signature)	Customer Signature	
Test Gauge Manufacturer	Test Gauge Serial #	Date Calibration Verified
		Accuracy Verified by